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HEALTH CARE IN RURAL AMERICA

TRI-AGENCY READING ROOM

MAR 24 1972

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Washington, D. C. 20250

The more rural a county the poorer its health care services are likely to be.

- Lower income and sparse population make it more difficult for these counties to compete with metropolitan areas.
- High and rapidly rising costs of modern medical equipment and services increase the disadvantage of rural areas.
- Rural counties have about as many general practitioners as metropolitan counties but fewer other professionals.

Health personnel per 100,000 population

	<u>GP's</u> <u>(1966)</u>	<u>Dentists</u> <u>(1964)</u>	<u>Active Nurses</u> <u>(1962)</u>	<u>Pharmacists</u> <u>(1962)</u>
Greater metropolitan counties (1 million or more inhabitants)	34	70	328	81
Lesser metropolitan counties (50,000 to 1 million)	28	52	340	65
Counties next to metro- politan areas	35	39	254	51
Isolated semirural counties (have at least 1 township with 2,500)	36	39	243	56
Isolated rural counties	33	27	126	45

JULY 1970

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ERS-451

Medical specialists are in particularly short supply in rural areas.

Specialists and hospital-based physicians (1966)

	<u>Per 100,000 population</u>	<u>Per 100 hospital beds</u>
Greater metropolitan counties	137	34
Lesser metropolitan counties	95	25
Counties next to metropolitan areas	38	12
Isolated semirural counties	45	11
Isolated rural counties	8	4

Immediate health needs of rural people are largely supplied by general practitioners.

- Rural doctors tend to be older than urban counterparts and have fewer opportunities to keep up with advances in medical care.
- Because of lack of specialists, rural physicians may be forced to undertake more complicated surgery or other treatment than urban GP's.
- Rural counties have more hospitals than urban counties, but they usually are smaller, more often inadequately staffed, poorly equipped, and lacking out-patient and extended care facilities.
- Proportion of hospitals accredited by the Joint Commission on American Hospitals (1966) is much lower in rural areas.

Percent of hospitals
accredited in---

	<u>Metro counties with central cities</u>	<u>Nonmetro counties</u>
Northeast	90	79
North Central	82	47
South	69	37
West	73	42
United States	78	45

Rural counties also have fewer hospitals affiliated with medical schools and with approved intern or resident programs.

The deficiencies are greatest in the rural South, least in the Northeast.

Health care needs are generally greater in rural areas than in cities.

- About one-sixth of the people in rural counties have health conditions which limit activity, compared with about one-tenth in large metropolitan areas. Rate of illness is particularly high among farmers.
- Lower rural family incomes, ranging from about half to three-fourths those of metropolitan families, and a higher proportion of older persons contribute to higher rates of chronic illness.
- Farm males lost 18.1 days per person per year from all conditions (1963-64) and nonmetropolitan nonfarm males 15.3, compared with 13.8 for metropolitan males.
- Differences were less for females: 17.4 days for farm, 18.8 for nonmetro nonfarm, and 17.3 for metropolitan.
- Rural maternal mortality rate in 1964 was nearly a fourth higher than the national average of 33.3 per 100,000 live births.
- Infant mortality rate is highest in the most rural and poverty-stricken areas.
- This rate in isolated rural counties exceeded the national rate by 16.3 percent; for the poorest rural counties, it was 22.3 percent higher.

Emergency care is often deficient in rural areas because of shortages of ambulances or other mobile health services.

- Accident fatality rates are much higher in rural than in urban areas. A California study showed that people injured in auto accidents in rural areas were almost four times as likely to die of their injuries as those injured in urban counties.
- More than three-quarter million farm people are disabled every year.

Rural people use health facilities less than city people.

- Educational levels are lower in rural counties. School completed by persons 25 years or older averaged 8.8 years for farm people, 9.5 for nonfarm rural residents, and 11.1 for urban people (1960).

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- People with lower levels of education are less likely to use advice about nutrition, hygiene, immunization, prenatal care; have periodic checkups, and use other health aids than the better educated.
- Among the poor especially, fatalism and **despondency** may cause the ill to delay getting medical attention.
- People living on farms visit dentists only about one-twentieth as often as metropolitan residents.
- Metropolitan youths 5 to 14 years of age visit the dentist twice a year, compared with one visit for farm youths.
- Farmers paid only \$84 per year for medical care (1963), compared with an average of \$142 for all occupations.
- Only two-fifths of farm workers were covered by health insurance (1963), compared with three-fourths of the persons in all occupations. Relatively few rural people have sick pay or other income maintenance benefits.

Medicare is helping.

- Program has opened hospital doors to thousands of rural aged who previously had difficulty in obtaining or affording admission.
- Over 92 percent of rural persons with hospital insurance coverage also have enrolled for supplementary medical insurance protection, only slightly less than the metropolitan percentage.

Health care in rural America

U.S. Department of Agriculture, National Agricultural Library

May 06, 2013



